

NAVSEA
STANDARD ITEM

FY-01 (CH-2)

ITEM NO:	<u>009-21</u>
DATE:	<u>14 SEP 2000</u>
CATEGORY:	<u>I</u>

1. SCOPE:

1.1 Title: Logistics and Technical Data; provide

2. REFERENCES:

a. None.

3. REQUIREMENTS:

3.1 Complete Attachment A for all Government Furnished Material (GFM) and Contractor Furnished Material (CFM) equipment or components installed or permanently removed. This applies to all configuration changes, including alterations and repairs.

3.1.1 Provide individual Attachment A forms for each piece of equipment or component.

3.1.2 Submit four legible copies of Attachment A to the SUPERVISOR no later than five working days after installation or removal of GFM and CFM equipment or components.

3.2 Submit all copies of technical manuals, Maintenance Index Pages (MIP), and Maintenance Requirements Cards (MRC) received with GFM and CFM equipment to the SUPERVISOR no later than five working days after receipt of equipment.

3.3 Data received in 3.2 required for installation and testing will be provided to the contractor.

3.4 Maintain an account of weight and moment changes resulting from work accomplished during the availability as follows:

3.4.1 Weights removed and exact location of removal

3.4.2 Weights added and exact location of addition

3.4.3 Relocations shall be treated as a removal and an addition.

3.5 Submit four legible copies of a report listing the results of the requirements of 3.4 to the SUPERVISOR.

4. NOTES:

4.1 The technical point of contact for the requirements contained in this NAVSEA Standard Item is the local NSA logistics representative.

4.2 Weight and moment changes in 3.4 are to reflect alterations made as a result of ShipAlts and repair Work Items.

ATTACHMENT A
EQUIPMENT/COMPONENT LOGISTICS AND TECHNICAL DATA
NAVSEA STANDARD ITEM 009-21

DATE: _____

ALL DATA FIELDS ARE MANDATORY FILL. WRITE "NONE" WHERE NOT APPLICABLE.

SHIP NAME: _____ HULL: _____

SPEC PKG. NO.: _____ AUTHORITY (WORK ITEM): _____

ACTION: _____ RIC: _____

SERIAL NUMBER: _____

VALVE MARK/ELECTRICAL SYMBOL NUMBER: _____

QUANTITY: _____ LOCATION: _____

RIC NOMENCLATURE: _____

TM(S) RECEIVED: _____

PMS MIP/MRC'S RECEIVED: _____

OBRP(S) RECEIVED: _____

INSTALLATION DRAWING NO: _____

RIC CHARACTERISTICS:

1. MFR - _____

2. MFR DWG - _____

3. MFR ID - _____

4. NSN - _____

CIRCLE ONE: GFM or CFM

COMMENTS: _____

REPORTING CONTRACTOR: _____

PRINTED NAME: _____

SIGNATURE: _____ PHONE: _____